## INSTRUCTIONS for completing- APPLICATION FOR PHYTOSANITARY CERTIFICATION DOMESTIC PLANTS AND PLANT PRODUCTS FOR EXPORT

North Dakota Department of Agriculture

## YOU MUST APPLY FOR PHYTOSANITARY CERTIFICATES WITHIN 30 DAYS OF INSPECTION

**NAME AND ADDRESS OF APPLICANT:** List the name and address of the person or company submitting the application. This applicant will be responsible for charges.

CONTACT PERSON, TELEPHONE and FAX: List contact person telephone and facsimile numbers.

**PCIT ORGANIZATION ID:** Applicants must have a PCIT account and have money deposited into a pre-pay account. Contact NDDA for assistance in setting up an account.

NAME & LOCATION OF FACILITY WHERE PRODUCT IS AVAILABLE FOR INSPECTION: List the specific name and location where articles are located. Facilities must be located within North Dakota.

**NAME AND ADDRESS OF EXPORTER:** Write the complete name and address (street/P.O. Box, City, State) of the exporter. <u>The</u> exporter must be in the United States.

**NAME AND ADDRESS OF IMPORTER:** Write the complete name and address of the importer. Complete name, city, and country are the bare minimum. *The importer address must be in the destination country*.

**NAME OF PRODUCE:** Self-explanatory. Use the word "seed" only when the material is intended for planting.

**QUANTITY:** List the total number, amount, or weight of produce.

**NUMBER AND DESCRIPTION OF PACKAGES:** Enter the number and types of shipping containers (e.g. paper or polypropylene bags, envelopes, burlap bags, boxes, etc.). If envelopes are enclosed in boxes, list the number of boxes and the number of envelopes contained in them. Bulk shipments should be listed as "In Bulk".

**DISTINGUISHING MARKS:** List lot numbers (and whether they appear on bags (or tags on bags)), railcar numbers, truck or trailer license numbers, container numbers (and where the shipment was containerized)

**ORIGIN:** List where the product was grown by state or county.

**MEANS OF CONVEYANCE:** Enter the means of conveyance to the destination country. For airfreight shipments enter the name of the Airfreight service. For ocean vessel shipments, list the name of the ocean vessel. You may indicate "or substitute" if you are concerned that the original vessel booked may change. If the name of the airline, ocean vessel, railroad, or truckline is unknown, use "Airfreight" "Ocean vessel", "Railroad", or "Truckline". Mail shipments should be listed as "airmail" or "surface mail".

**POINT OF ENTRY:** List the port of entry into the receiving country if known.

**SEND CERTIFICATE TO:** Provide address where you want us to send the original phytosanitary certificate. This is normally you, but sometimes may be a freight forwarder if they are arranging for entry of the product. If you want us to email or fax a copy to you, indicate so in this box.

**SEND ORIGINAL CERTIFICATE BY:** Indicate if it should be sent by mail, Federal Express or United Parcel Service. If applicable, provide FedEx or UPS billing number and type of service. FedEx and UPS require a physical address (not a P.O. #). Provide phone number of recipient (required for Fed Exp shipments).

## **APPLICANT NAME:.**

Fax completed application to one of our offices OR email to  $\underline{\text{doa-phytos@nd.gov}}$ 

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 NDDA-Bismarck
 NDDA-Fargo-Entomology

 Fax
 701 328-2240
 Fax
 701 231-8557

 Phone
 701 328-4765/4723
 Phone
 701 239-7295